



**SICKLE CELL ASSOCIATION OF SOUTH LOUISIANA  
FUNDRAISER REQUEST**

THIS FORM MUST BE COMPLETED AT LEAST TWO WEEKS PRIOR TO THE PROPOSED FUNDRAISER ACTIVITY AND APPROVED IN ADVANCE BY THE SICKLE ASSOCIATION OF SOUTH LOUISIANA (SCASL).

NAME \_\_\_\_\_  
(ORGANIZATION, GROUP, INDIVIDUAL)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_  
(HOME                      WORK                      CELL)

E-MAIL ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_  
(NAME AND TELEPHONE NUMBERS OF PERSON IN CHARGE)

**BRIEFLY DESCRIBE FUNDRAISER ACTIVITY (INCLUDE DATE/TIME/PLACE)**

\_\_\_\_\_  
\_\_\_\_\_

<p><b>DAY OF EVENT CONTACT INFORMATION:</b></p> <p>_____</p> <p><b>(NAME AND TELEPHONE NUMBER)</b></p>
--

WHAT PERCENT OF PROCEEDS WILL BE DONATED TO SCASL: \_\_\_\_\_%

LIST ANY ASSISTANCE NEEDED FROM SCASL: I.E. PUBLICITY, LITERATURE, BADGES, DONATION CANS, ETC.: \_\_\_\_\_

DATE PROCEEDS WILL BE REMITTED TO SCASL: \_\_\_\_\_